

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

ADDRESS (number and street)

50 F Street NW

Suite 900

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00002238

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randall T Jones

Signature of Treasurer

Electronically Filed by Randall T Jones

Date

09

18

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		25663.94
(b) Cash on Hand at Beginning of Reporting Period .....	26163.94	
(c) Total Receipts (from Line 19) .....	15800.00	46300.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	41963.94	71963.94
7. Total Disbursements (from Line 31) .....	12037.25	42037.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29926.69	29926.69
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9950.00	35450.00
(i) Itemized (use Schedule A) .....	850.00	5850.00
(ii) Unitemized .....	10800.00	41300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	5000.00	5000.00
(c) Other Political Committees (such as PACs) .....	15800.00	46300.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15800.00	46300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15800.00	46300.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		37.25	37.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		37.25	37.25
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		12000.00	42000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		12037.25	42037.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		12037.25	42037.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15800.00	46300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15800.00	46300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37.25	37.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	37.25	37.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Jackie Klippenstein Mailing Address 14103 Guardian Court City State Zip Code Bowie MD 20715 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NCFC Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7 <b>Transaction ID: 3920678</b> Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Harry Thompson Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MFA Incorporated Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID: 3923025</b> Amount of Each Receipt this Period 225.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Phil Becker Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MFA Incorporated Occupation Board Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID: 3923026</b> Amount of Each Receipt this Period 225.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Glen Cope Mailing Address  City State Zip Code  FEC ID number of contributing federal political committee. <b>C</b>  Name of Employer MFA Incorporated Occupation Board Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID: 3923027</b> Amount of Each Receipt this Period 225.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. R.T. Sloan Mailing Address Rt. 1, Box 199  City State Zip Code Hamilton MO 64644 FEC ID number of contributing federal political committee. <b>C</b>  Name of Employer MFA Incorporated Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID: 3923028</b> Amount of Each Receipt this Period 225.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Joe Dent Mailing Address  City State Zip Code  FEC ID number of contributing federal political committee. <b>C</b>  Name of Employer MFA Incorporated Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID: 3923029</b> Amount of Each Receipt this Period 225.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 8 / 19

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Tim Engemann Mailing Address 30102 State Highway 94 City State Zip Code Hermann MO 65041 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MFA Incorporated Occupation Board Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID: 3923031</b> Amount of Each Receipt this Period 225.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Kendall Kircher Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MFA Incorporated Occupation Board Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID: 3923032</b> Amount of Each Receipt this Period 225.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Timothy H. Lichte Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MFA Incorporated Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID: 3923033</b> Amount of Each Receipt this Period 225.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 19

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial)

**A.** Mr. Randy Ludwig

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MFA Incorporated

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923034

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B.** Mr. John Moffitt

Mailing Address 23334 Royal Oaks Trail

City

State

Zip Code

Kirksville

MO

63501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MFA Incorporated

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923036

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C.** Mr. William C. McClure

Mailing Address 26938 Camp Branch Rd.

City

State

Zip Code

Sedalia

MO

65301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MFA Incorporated

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923037

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial)

A. Tommy Paulk

Mailing Address 1509 Southhampton Court

City State Zip Code  
 Decatur AL 35001

FEC ID number of contributing federal political committee.

C

Name of Employer  
Alabama Farmers Cooperati-  
veOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923038

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Roger Pangle

Mailing Address P.O. Box 2227

City State Zip Code  
 Decatur AL 53609

FEC ID number of contributing federal political committee.

C

Name of Employer  
Alabama Farmers Cooperati-  
veOccupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923039

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Larry Bennich

Mailing Address 4202 Indian Hills Road

City State Zip Code  
 Decatur AL 35603

FEC ID number of contributing federal political committee.

C

Name of Employer  
Alabama Farmers Cooperati-  
ve, Inc.Occupation  
Vice Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923040

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 19

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mike Tate

Mailing Address 215 Andrea Kaye Court

City State Zip Code  
Hazel Green AL 35750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Farmers Cooperati-  
ve, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923041

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)

Mr. Jimmy Newby

Mailing Address P.O. Box 2227

City State Zip Code  
Decatur AL 35609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Farmers Cooperati-  
ve, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923042

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)

Mr. Bill Sanders

Mailing Address 1007 Glenwood Road

City State Zip Code  
Goshen AL 36035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Farmers Cooperati-  
ve, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923043

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lawrence Smith

Mailing Address 715 County Road 222

City State Zip Code  
 Florence AL 35633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Farmers Cooperati-  
ve, Inc.

Occupation  
Board of Directors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923044

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. Ted Tindal

Mailing Address 1631 North Bethlehem Road

City State Zip Code  
 Greenville AL 36037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Farmers Cooperati-  
ve

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923045

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr. Kenneth Walls

Mailing Address 17317 Highway 134

City State Zip Code  
 New Brockton AL 36351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Farmers Cooperati-  
ve, Inc.

Occupation  
Chairman of the Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923046

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Andy Lowrey		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1055 Partridge Road		<b>Transaction ID:</b> 3923047
City Spartanburg	State SC	Zip Code 29302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AgFirst Farm Credit Bank	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Don Copenhaver		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 10800 Rte. Z		<b>Transaction ID:</b> 4019632
City Hallsville	State MO	Zip Code 65255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MFA Incorporated	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Lester Evans		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 18000 Hwy 64		<b>Transaction ID:</b> 4019634
City Lebanon	State MO	Zip Code 65536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer MFA Incorporated	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. David Cottrill

Mailing Address Rt. 1, Box 150

City	State	Zip Code
Albany	MO	64402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MFA IncorporatedOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	7

Transaction ID: 4019635

Amount of Each Receipt this Period

225.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Don Mills

Mailing Address 4785 E. 1260 Road

City	State	Zip Code
El Dorado Springs	MO	64744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MFA IncorporatedOccupation  
Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	7

Transaction ID: 4019637

Amount of Each Receipt this Period

225.00

**C.** Full Name (Last, First, Middle Initial)

Darryl W Rhodes

Mailing Address 2833 Wild Rose Court

City	State	Zip Code
Wichita	KS	67205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAgBankOccupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	7

Transaction ID: 4029004

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

9950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 19

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

**A.** Full Name (Last, First, Middle Initial)  
Dairy Farmers of America/DEPAC

Mailing Address 3253 E. Chestnut Expressway

City State Zip Code  
 Springfield MO 65802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 3923019

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial)

**A.** Berry for Congress

Mailing Address 236 Massachusetts Avenue, NE  
Suite 508

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Marion Berry

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: AR District: 1

2008 US Other

Transaction ID: 4023112

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Wally Herger for Congress

Mailing Address P.O. Box 16021

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Wally Herger

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA District: 2

2008 US Other

Transaction ID: 4023115

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Earl Pomeroy for Congress

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Earl Pomeroy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: ND District: 1

2008 US Other

Transaction ID: 4023114

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial)

**A.** Tim Johnson for South Dakota Inc

Mailing Address PO Box 1859

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Tim Johnson

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: SD District: 0

2008 US Other

Transaction ID: 4023111

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Graves for Congress

Mailing Address 4701 NW 82nd Street

City  
Kansas City

State  
MO

Zip Code  
64151

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Samuel Graves

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: MO District: 6

2008 US Other

Transaction ID: 4023113

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Kaptur for Congress

Mailing Address P.O. Box 899  
P.O. Box 899

City  
Toledo

State  
OH

Zip Code  
43697

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Marcy Kaptur

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: OH District: 9

2008 US Other

Transaction ID: 4029010

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial)

## **A. Friends of Congressman Tim Holden**

Mailing Address 18 N. Second Street PO Box 37  
PO Box 37

City Saint Clair State PA Zip Code 17970

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Tim Holden

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2008 US Other

State: PA District: 17

Transaction ID: 4029011

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Hall for Congress Committee**

Mailing Address Post Office Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Ralph Hall

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2008 US Other

State: TX District: 4

Transaction ID: 4029008

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Mike Ross for Congress Committee**

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Michael Ross

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2008 US Other

State: AR District: 4

Transaction ID: 4029005

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial)

**A.** Devin Nunes for Congress

Mailing Address P.O. Box 6545

City  
Visalia

State  
CA

Zip Code  
93290

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Devin Nunes

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA District: 21

2008 US Other

Transaction ID: 4029007

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** King for Congress

Mailing Address 126 N Des Moines Street  
PO Box 576

City  
Odebolt

State  
IA

Zip Code  
51458

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Steve King

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: IA District: 5

2008 US Other

Transaction ID: 4029009

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Jim Costa for Congress

Mailing Address 2037 West Bullard  
PMB # 509

City  
Fresno

State  
CA

Zip Code  
93711

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
James Costa

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA District: 20

2008 US Other

Transaction ID: 4029006

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

12000.00